

04/14/2006 12:07 FAX

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Palmer Pools

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FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90209 003 ****61.25


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4-31

FINAL

CURRENT BOARD MET 3 WEEK
COUNCIL OF 4-2-06. OFFICER CAN
SIGN, preferably PRESIDENT. R/TM

40064074

DOCUMENT# N98000006355			
1. Entity Name WICKLOW GREENS AT TUSCAWILLA COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 165 W. SR. 434 WINTER SPRINGS, FL 32708		Mailing Address P.O. BOX 015322 LONGWOOD, FL 32791-5322	
2. Principal Place of Business <i>PO Box 197043</i>		3. Mailing Address <i>PO Box 197043</i>	
Date, Mo. Y., etc.		State, Mo. Y., etc.	
City & State <i>Winter Springs, FL</i>		4. FEI Number 59-3543884	
Zip <i>32719</i>		Country	
5. Conform of Status Desired <input type="checkbox"/>		6. 76 Additional Fee Received <input type="checkbox"/>	
8. Name and Address of Current Registered Agent NATIONAL ASSOCIATION MANAGEMENT COMPANY 165 WEST STATE ROAD 434 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name PALMERSTON LLC Street Address (P.O. Box Number is Not Acceptable) 165 W. STATE RD. 434 City WINTER SPRINGS FL Zip Code 32708	
9. The above named entity sponsors this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i>		Date <i>04/24/06</i>	
Filing Fee is \$61.25 Due by May 1, 2006		2. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BACK, TERRENCE 110 ASHFORD DR. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PALMER, MARIA 313 BURLEIGH CT. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI ANDRE, GREG 212 STRATFORD DR. WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RANSEY, WILLIAM 301 BURLEIGH CT. WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 11B, Florida Statutes. I further certify that the information indicated on this report on supplemental report is true and accurate and that my stamping shall have the same force and effect as if made under oath. (I am an officer or director of the corporation or the recipient of funds empowering to execute this report as required by Chapter 617, Florida Statutes, and my name appears in 6002 10 or 6002 11 if changed or on an attachment in an address, with or without authority.)			
SIGNATURE: <i>[Signature]</i>		Date: <i>4/14/06</i> <i>327-262-9357</i>	